

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE INTEREST OF

**Stipulation to Revise  
Dispositional Order**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**STIPULATION:**

The undersigned agree to the following revision(s) to the dispositional order without a court hearing:

(Note: Cannot include change of placement or extension) \_\_\_\_\_

☐ See attached

Reason(s) for revision(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

► \_\_\_\_\_

Signature of Mother

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

► \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

► \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

► \_\_\_\_\_

Signature of Father

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

► \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

► \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**DISTRIBUTION:**

1. Original - Court
2. Child/Juvenile/Attorney/Guardian ad Litem
3. Parents/Guardian/Indian Custodian
4. Legal and/or Physical Custodian/Attorney (if any)
5. Social Worker
6. Foster Parent/Treatment Foster Home (if any)
7. District Attorney/Corporation Counsel
8. Tribe (if any)
9. Other \_\_\_\_\_